



**District of Columbia Government**

**SmartBenefits® Application and Change Form**

☐

Initial Application/Election

☐

Change to Election

Name: \_\_\_\_\_

Effective :( Month) \_\_\_\_\_

**Description of SmartBenefits®**

If you use a form of Metro public transportation for your commute to and from work, you are entitled to a **\$25 monthly** commuter benefit. The District of Columbia Government will subsidize this benefit with WMATA for all Compensation Unit 1 & 2 employees and all Non-Union employees beginning October 1, 2007.

SmartBenefits® is a web-based program that allows DC Government to load the dollar value of an employee's Transit Benefits directly to the SmartTrip card located on the reverse side of your employee ID Card. SmartBenefits® can be downloaded between the first and last day of each month.

**Election – check one:**

☐

I elect to have \$25 contributed monthly to my **DC Government SmartTrip ID Card** to utilize for metro transportation to and from work. I certify that I ride Metro bus/rail, or one of the following Metro Transit Partners: ART, CUE, DASH, RIDE-ON, Loudon County Transit, Fairfax Connector, DC Circulator or **Registered Van Pools.**

☐

I do not have a DC Government SmartTrip ID Card. I wish to receive the monthly commuter benefit on my pre-purchased WMATA SmartTrip Card. My SmartTrip number on my personal card is \_\_\_\_\_. I certify that I ride one of the Metro Transit Partners listed above to commute to and from work. (You must have a pre-purchased WMATA SmartTrip card to elect this choice)

☐

I do not have a DC Government SmartTrip ID Card; nor do I have a pre-purchased WMATA SmartTrip Card. **I would like** to receive this benefit that is entitled to me through union negotiations. **(A SmartTrip Card will be assigned to you after completion of this application)**

☐

I elect **not** to accept the commuter benefit because I do not utilize the above stated Metro Transit Partners to get to and from work. I understand that this benefit will only be offered again during benefits open enrollment or proof of new home of residence.

Enter SmartTrip® Card # \_\_\_\_\_ (first 9-digit # on bottom back of Employee ID)

Enter SmartTrip® Card # \_\_\_\_\_ (Issued by DCHR)

**Commuter Benefit Disclaimer:**

I understand that I am responsible for claiming this monthly commuter benefit by reporting to any Metrorail Station before the 30th day of the month and upload the \$25 benefit onto my SmartTrip Card. I further understand that changes to my benefit election can only be made before the 15<sup>th</sup> of the month prior to the change. If I choose to enroll, cancel, or make a change to this benefit, I will submit a change form to the designated program administrator assigned to my agency and the change will take effect the 1<sup>st</sup> of the following month. In addition, I understand that this benefit is only for my use to commute to and from work. The District of Columbia Government reserves the right to conduct random audits and/or revoke all benefits paid by DC Government if fraudulent activities are suspected and proven.

The signature below represents my agreement to the above stated disclaimer.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

---

**DCHR Office Use Only:**

Rec'd from HR Advisor/Employee: \_\_\_\_\_  
Date

Signature of person receiving: \_\_\_\_\_

Empl ID \_\_\_\_\_

Date Action Processed: \_\_\_\_\_  
Date

All forms must be hand delivered or mailed to:  
D.C. Department of Human Resources  
441 4<sup>th</sup> Street, NW, Suite 330 South  
Washington, D.C. 20001

Or fax both sides of application form to:  
202-727-6921